

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$71.00 for date of service 11/30/01.
- b. The request was received on 02/08/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 04/02/02
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/09/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/11/02. The 3 day response from the insurance carrier was received in the Division on 02/13/02. Based on the information received in the case file, all documentation will be reviewed.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

"We are requesting our service on **11/30/01** in the amount of **\$71.00** to be paid as we billed. **(Provider) indicates that the documentation we submitted to them did not support the specific level of service billed.**"

2. Respondent:

The Respondent did not respond to the Letter of Medical Dispute Resolution.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/30/01.
- The denial listed on the EOB is “F- T, N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE’S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/30/01	99214	\$71.00	\$0.00	F,T,N	\$71.00	MFG E/M GR (IV)(C)(2) CPT descriptor MFG; Medicine Ground Rules (I) (A) (10); Spine Treatment Guideline (e) (2) (A); (e) (3) (B) CPT Descriptor	<p>T-According to the referenced Rule, the claimant is entitled to ... “Post-tertiary treatment...Examples of interventions that might be utilized include office visits, manipulations, home exercises, injections, and medications.” Medical documentation indicates that the services were rendered.</p> <p>“TWO OF THE THREE KEY COMPONENTS (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient.”</p> <p>F-N “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision of moderate complexity...Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.”</p> <p>The medical documentation indicates that the services were rendered. The documentation does not indicate a detailed history, a detailed examination, or medical decisions of moderate complexity. Therefore, no reimbursement is recommended.</p>
Totals		\$71.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 25th day of June 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.